



TOWN of BROOKLINE

Massachusetts

BUILDING DEPARTMENT REFERRAL STORMWATER MANAGEMENT AND/OR LAND DISTURBING ACTIVITIES (Article 8.26 of By-Laws of the Town of Brookline)

Address of Project: _____ Referral Date: _____

Applicant: _____
(Contact Person for Information and Questions)

Address: _____

Telephone No's (Office) _____ (Cell) _____

(Fax) _____ Email _____

Description of Proposed Project:

(For example: new house, addition, tennis court, garage, retaining walls, patios, driveway, swimming pool, filling in land, cutting grades, or change in grades, etc)

Name, Address & Phone No. of Civil Engineer, Land Surveyor or Landscape Architect:

Date of Drawings: _____

NOTE:

- Drawings must be submitted with complete proposal and scope of work.
- Additional drawings and information may be necessary to document your proposal.

Building Inspector Signature: _____

Received by Brookline Building Department

Approved by DPW-Engineering Division

THIS IS NOT A BUILDING PERMIT APPLICATION